

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
STATEMENT OF COMMISSARY USE**

For Calendar Year 2002

2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406

"Commissary" means a food establishment in which food, containers, equipment, or supplies are stored or handled for use in mobile food facilities, mobile food preparation units, or vending machines.

Pursuant to Sections 114265(d) and (i), of the California Uniform Retail Food Facility Law, which state:

(d) Food products remaining after each day's operation shall be stored only in an approved food facility*

(i) All mobile food facilities shall operate out of a commissary or other approved facility. Mobile food facilities shall report to the commissary at least once each operating day for cleaning and servicing operations. Mobile food facilities shall be properly stored, cleaned, and serviced at, or within a commissary or other facility approved by the enforcement agency so as to provide protection from unsanitary conditions.

* **Note:** (k) Potentially hazardous foods held at or above 140° F on a mobile food facility shall be destroyed at the end of the operating day.

Application is hereby made for the following applicant and vehicle:

Name (Print) _____

(DBA) Doing Business As (Print) _____

Business

Mailing Address (Print) _____ Phone _____

City _____ Zip _____ Cell Phone _____

Vehicle License Number _____

Circle Type of Vehicle: Caterer MFPU Mobile Pushcart

Daily Times at Commissary:

A.M. _____ Afternoon _____ P.M. _____

***** **TO BE FILLED OUT BY COMMISSARY** *****

Applicant will use the following food establishment as a commissary in accordance with Section 114265(d), (i), and (k) of the California Uniform Retail Food Facility Law (stated above):

Business Name (Print) _____

Owner (Print) _____

Business Address _____

Contact Name _____ Phone _____

[] Check here if the commissary is **NOT** in San Luis Obispo County. A copy of a current, valid Health Permit for commissary must be submitted before a permit can be issued.

Applicant's Signature _____ Date _____

Commissary Owner _____ Date _____

